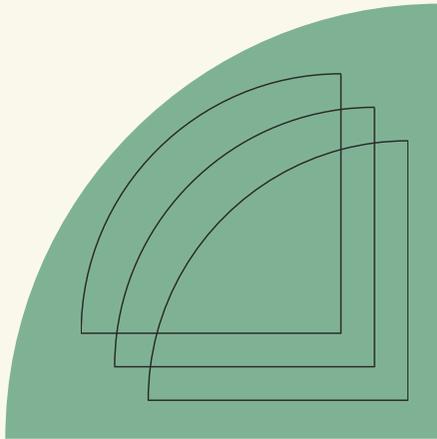




REPORT



Workshop of The Private Empanelled Hospitals on Anti-Fraud and Quality Documentation under AB-PMJAY

December 12, 2025 (Monday)
Time: 10:00 AM
Venue: Maha Bodhi Hotel
Resort Convention Centre,
GayaJi

Participants- GayaJi, Arwal,
Aurangabad, Jehanabad, Kaimur,
Nalanda, Nawada and Rohtas

Asian Development Research Institute

ADRI, BSIDC Colony, Off Boring Patliputra Road, Patna-800013,
Bihar (India)



Report

**Workshop of
The Private Empanelled Hospitals on
Anti-Fraud and Quality Documentation
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Preface

Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship initiative of the Government of India under the Ministry of Health and Family Welfare, aimed at providing financial protection and ensuring access to quality secondary and tertiary healthcare services for eligible beneficiaries. By offering health coverage of up to Five Lacs (₹5,00,000) per family per year and Five Lacs (₹5,00,000) per year to 70+ elderly people, the scheme represents a transformative step towards reducing catastrophic health expenditure and improving healthcare equity for the poor and vulnerable population.

Given the scale and complexity of AB-PMJAY, effective implementation requires strict adherence to prescribed guidelines, Standard Treatment Guidelines (STGs), Health Benefit Packages (HBPs), and robust systems for fraud prevention and quality documentation. Global experience indicates that health insurance programmes are particularly susceptible to integrity violations, which not only result in financial losses but can also compromise patient safety, service quality, and public trust. Accordingly, strong governance and a zero-tolerance approach to fraud are central to safeguarding scheme integrity and beneficiary interests.

In Bihar, the Bihar Swasthya Suraksha Samiti (BSSS), as the State Health Agency (SHA), places high priority on strengthening institutional mechanisms that promote transparency, accountability, and ethical practices under AB-PMJAY. In this context, BSSS conducted a series of division-wise capacity-building workshops across the state to sensitize empanelled healthcare providers and key stakeholders on anti-fraud measures, documentation standards, regulatory compliance, and their responsibilities under the scheme.

This report presents a consolidated account of the proceedings, key observations, and actionable recommendations that emerged from these workshops. It highlights common gaps identified during interactions with hospitals, documents good practices, and outlines essential compliance requirements to support effective scheme governance. The insights contained herein are intended to serve as a practical reference for empanelled healthcare providers, district implementation units, and programme functionaries in strengthening adherence to scheme guidelines and improving the overall quality of service delivery.

I acknowledge the active participation of hospital Owners/Proprietor, hospital administrators, managers, senior medical officers and doctors who contributed to the success of these workshops, and place on record my appreciation for the Centre for Health Policy, Asian Development Research Institute (CHP-ADRI), for providing technical support in their implementation. It is expected that this report will contribute to continuous capacity strengthening and reinforce the collective commitment of all stakeholders towards ensuring integrity, efficiency, and beneficiary-centric healthcare delivery under AB-PMJAY in Bihar.

A handwritten signature in blue ink, consisting of a stylized 'S' followed by a horizontal line that ends in an arrowhead pointing to the right.

Shri Shashank Shekhar Sinha, IAS
Chief Executive Officer
Bihar Swasthya Suraksha Samiti (BSSS)

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1. BACKGROUND

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is the world’s largest publicly funded health insurance scheme, designed to provide financial protection and accessible healthcare to over 50 crore vulnerable citizens of India. The core objective of the scheme is to ensure universal access to quality secondary and tertiary healthcare services, reduce out-of-pocket expenditure, and build a transparent, accountable health system that prioritizes the needs of the poor and marginalized.

However, one of the major challenges faced by the scheme is healthcare fraud. Fraud in healthcare not only diverts critical resources away from genuine beneficiaries but also undermines the credibility of AB-PMJAY and similar programs. To maintain trust and sustainability, strict adherence to proper documentation, transparent processes, and compliance with Standard Treatment Guidelines (STGs) is essential. These measures help reduce fraudulent claims, ensure quality service delivery, and protect both patients and institutions from reputational risks.

In this context, a one-day workshop was organized by the Asian Development Research Institute (ADRI) in Gayaji on December 12, 2025 as part of its technical support to the Bihar Swasthya Suraksha Samiti (BSSS). The workshop focused on sensitizing private empanelled hospitals across eight districts of Bihar on key themes such as anti-fraud practices, the importance of quality documentation, adherence to STGs, and effective implementation of Health Benefit Packages (HBPs). The initiative aimed to strengthen the accountability framework of hospitals, build awareness among healthcare providers, and promote ethical practices in line with the objectives of AB-PMJAY.

2. WORKSHOP OBJECTIVES

- To provide financial protection and cashless health services to vulnerable families.
- To ensure access to quality secondary and tertiary healthcare for poor and marginalized sections of society.
- To ensure healthcare involves no out-of-pocket expenditure and prevent families from falling into poverty due to medical costs.
- To standardize treatment through **Standard Treatment Guidelines (STGs)** ensuring transparency and consistency in care.
- To strengthen accountability and reduce fraud by promoting proper documentation and compliance.
- To promote ethical practices among hospitals and maintain the credibility of the scheme.
- To improve health outcomes and contribute towards the goal of **Universal Health Coverage (UHC)** in India.

3. INTERACTIVE COMPONENTS

- **Case Studies:** Group discussions on real-life fraud and compliance cases.
- **Queries & Clarifications:** Open Q&A sessions addressing hospital challenges.
- **Pre- and Post-Questionnaire:** To assess improvement in awareness and knowledge.

4. PARTICIPANTS PROFILE

The workshop attracted 131 representatives of 74 private empanelled hospitals from the districts of Gaya, Arwal, Aurangabad, Jehanabad, Kaimur(bhabua), Nalanda, Nawada and Rohtas. Attendees included:

- Hospital Owners/Proprietor
- Hospital administrators and managers
- Senior medical officers and doctors

A detailed list of participants can be found in Annex 1.

5. RESOURCE PERSON

Session	Facilitator	Designation	Organization
Welcome Note & Objectives	Dr. Alok Ranjan	Director – Operations	BSSS
Keynote & Overview of Anti-Fraud	Shri Shailesh Chandra Diwakar	Administrative Officer	BSSS
Sensitization on Fraud Prevention	Dr. Gurinder Randhawa	Consultant	CHP-ADRI
Fraud Mitigation & Quality Documentation	Dr. Alok Ranjan	Director – Operations	BSSS
Compliance to STGs	Dr. Gurinder Randhawa	Consultant	CHP-ADRI
Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents	Dr. Neeraj Kumar Singh	Director – Healthcare & CB Officer	BSSS
Real-Time Reporting on IHIP	District IDSP Cell & ADRI team		
Way Forward & Vote of Thanks	Dr. Suraj Shankar	Team Lead, CHP-ADRI	CHP-ADRI
Focus Group Discussions (FGDs) on PMJAY implementation challenges engaging few consenting medical experts and Hospital Administration	ADRI Team		

6. VENUE & DATE



Venue: At Maha Bodhi Hotel Resort Convention Centre, GayaJi & Date: 12 December 2025

7. PROCEEDINGS

Inaugural Session

The workshop opened with introductory remarks by Shri Indrajit Goswami, Project Officer, CHP-ADRI, who greeted the owner/proprietors, Senior Doctors, officials and representatives from private empanelled hospitals across eight districts GayaJi, Arwal, Aurangabad, Jehanabad, Kaimur(bhabua), Nalanda, Nawada and Rohtas. He then invited Dr. Alok Ranjan, Director (Operations), BSSS, to set the context of the day's programme. Dr. Alok Ranjan, in his address, underscored the urgency of reinforcing anti-fraud practices and ensuring systematic documentation within the framework of AB-PMJAY. He



pointed out that lapses in these areas not only compromise financial accountability but also erode the credibility of the scheme among beneficiaries.

Following the inaugural address, the objective of the workshop was clearly outlined, to build capacity of owner/proprietors, Senior Doctors, officials and representatives of the private empanelled hospitals in adhering to Standard Treatment Guidelines (STGs) and Health Benefit Packages (HBPs), while aligning with quality and compliance norms. To assess the baseline understanding of participants, a short pre-session questionnaire was administered.

Out of the total attendees, 65 participants actively completed the exercise, providing useful insights into their current level of awareness. As an encouragement for active involvement, gifts were presented to the top three scorers. This not only created a spirit of enthusiasm but also motivated participants to remain alert and fully engaged throughout the sessions ahead.



Dr. Raja Ram Prasad, Civil Surgeon, Gayaji, Chief Guest of the programme, underscored the critical role of robust anti-fraud mechanisms and high-quality documentation in ensuring accountability and efficient utilization of public funds under AB-PMJAY and MM-JAY. He emphasized that strict adherence to scheme guidelines by empanelled hospitals is essential for protecting beneficiary entitlements, strengthening governance, and sustaining public trust in health insurance programmes.



Keynote Address and Overview of Antifraud

In his keynote address, Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS, provided an in-depth overview of the patterns, implications, and countermeasures for fraud under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) and Mukhyamantri Jan Arogya Yojana (MMJAY). Clear conceptual distinctions were explained between fraud and abuse, followed by a structured overview of multiple types of fraud, with illustrative hospital-level and beneficiary-level examples. The session also highlighted actions initiated against non-compliant hospitals, including administrative and legal measures under the scheme guidelines.



It highlighted the distribution of healthcare packages across specialties, showing the relative contribution of facilities such as General Medicine, Ophthalmology, Orthopaedics, Cardiology, and specialized surgical procedures, emphasizing that certain areas like polytrauma, interventional neuroradiology, and paediatric surgery contribute minimally to overall claims, whereas general medical and surgical packages constitute a major share. The presentation detailed numerous fraud and abuse scenarios, including discrepancies in admission and discharge dates, unverified preauthorization, misuse of intensive care and neonatal packages, duplicate claims, absence of mandatory clinical or radiological documents, premature procedures (e.g., hysterectomy before 40 or cataract surgery before 35), missing geo-tagged photos, and repeated claims for the same beneficiary.



Further, key fraud monitoring initiatives and preventive strategies adopted by the State Health Agency were discussed, along with explicit expectations from empanelled hospitals—such as strict adherence to standard treatment protocols, accurate and complete documentation, transparent claims submission, and cooperation during audits. The session concluded by emphasizing the system-wide impact of fraud and abuse and outlined a way forward focusing on continuous sensitization, capacity building,

and strengthening internal compliance systems at hospital level

Mr. Shailesh explained the multi-layered anti-fraud framework, with the State Anti-Fraud Unit (SAFU), district investigation units, medical officers, legal advisors, and data analysts, ensuring monitoring from the state to district levels. Hospitals were advised to submit only genuine claims, maintain complete documentation including diagnostic reports and geo-tagged photos, strictly follow scheme guidelines and package rules, and fully cooperate during audits. The presentation concluded by emphasizing the adverse effects of fraud—overcrowding of fraudulent cases delaying care for genuine patients, weakening of AB-PMJAY and MMJAY credibility, direct financial loss of government funds, and erosion of patient trust—and stressed continued vigilance, surprise live audits, and coordinated enforcement to ensure equitable delivery of healthcare services across Bihar.



Technical Session I – Sensitization on Fraud Prevention



Dr. Gurinder Randhawa, Consultant, CHP-ADRI presented a presentation on Sensitization on Fraud Prevention under PM-JAY and MMJAY focused on the identification and management of suspicious claims to safeguard scheme integrity. Normal claim processing takes 15 days for state-level cases and 30 days for portability claims, but once flagged, cases undergo scrutiny by the State Anti-Fraud Unit (SAFU), which may include telephonic verification, desk review, or field

audits. Analysis revealed that 25% of triggered cases are fraudulent, leading to claim rejections and watch listing of hospitals, with financial implications of approximately ₹11 crore from 43,430 cases. Claims are flagged through automated AI/ML triggers and manual reporting based on claim history, admissions, diagnostics, or billing patterns, such as duplicate claims, missing X-rays, extended length of stay (LOS), early-onset cataract (<35

years), or hysterectomy (<40 years). Facility-wise contribution to claims shows General Medicine (28.56%), Ophthalmology (26.77%), Orthopaedics (12.25%), Medical Oncology (7.82%), and Neonatal care (7.55%), with smaller contributions from specialized surgical services. She also describes that 44% of cases fell into the fraud/abuse category due to duplicate documents.

Live examples demonstrated the financial impact of such claims, including dialysis in patients under 35 years of age (₹12.96 lakh), duplicate claims (₹5.03 lakh), lack of blood transfusion or crossmatch details (₹1.13 crore), and inadequate LOS in critical care (₹5.27 lakh). Common reasons included frequent hospitalizations of family members, prolonged non-critical medical management, lack of clinical or diagnostic documentation, and duplicate or manipulated images. The session emphasized the need for complete documentation, adherence to scheme guidelines, and cooperation during audits. Punitive measures for non-compliance include withholding payments, suspension, de-empanelment, filing of an FIR, and recovery of 5-10 times the amount defrauded. This multi-pronged approach aims to protect government funds, ensure timely care for genuine beneficiaries, and maintain the credibility of AB-PMJAY and MMJAY across Bihar.



Technical Session II – Fraud Mitigation & Quality Documentation



Dr. Alok Ranjan delivered an insightful presentation titled “National Quality Assurance Standards: Half Empty or Half Filled!”, emphasizing the critical role of medical records in healthcare delivery, quality assurance, and medico-legal contexts. He highlighted that medical records serve as a clinical, scientific, administrative, and legal document, essential for continuity of care, communication among healthcare providers, quality review, financial reimbursement,

insurance claims, and legal proceedings.

Dr. Alok underlined the multifaceted importance of medical records—for patients (continuity of treatment, follow-ups, insurance claims, medico-legal safeguards), for doctors (research, thesis work, medico-legal protection, publications), and for hospitals and the nation (quality of care, planning and budgeting, hospital statistics, administrative control, and community medicine). He stressed that medical records are the backbone of hospital information systems, contributing not only to patient care but also to public health planning, research, and national health statistics.

Technical Session III - Compliance to Standard Treatment Guidelines

Dr. Gurinder Randhawa delivered an extensive presentation on the need for strict compliance with Standard Treatment Guidelines (STGs) under AB-PMJAY, stressing that complete and accurate documentation is mandatory for the smooth processing of claims and for ensuring transparency in treatment delivery. She elaborated that for medical cases, daily geo-tagged bedside photographs, indoor case papers, clinical notes, vital charts, and follow-up investigations (such as CRP for sepsis, RBS for diabetes, or serum electrolytes in GI cases) must be uploaded regularly to establish continuity and adequacy of care. For surgical cases, she emphasized the requirement of geo-tagged pre-operative, intra-operative, and post-operative photographs along with detailed OT notes that are duly signed and stamped, discharge summaries with proper authentication, and where relevant, barcodes and invoices of implants or devices used. Dr. Randhawa provided specialty-wise illustrations—such as cataract (with pre-op A-scan, keratometry reports, and IOL box details), hysterectomy (supported by clinical justification and biopsy reports), cardiac interventions like PTCA and CABG (with angiography images, stent/barcode details, and post-op imaging), dialysis (with nephrologist notes and geo-tagged evidence),



oncology (FNAC, HPE, tumor board approvals), orthopedics (pre/post-op X-rays, implant barcodes, intra-op images), and neonatal care packages (basic, advanced, and critical). She reiterated that all packages come with predefined requisites, and non-compliance automatically triggers queries or rejections during claim adjudication. Concluding her session, she underlined that adherence to STGs protects hospitals from financial risk, strengthens clinical



accountability, supports audits, and ultimately safeguards the credibility and integrity of the PM-JAY scheme.

Technical Session IV – Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents

In this session, Dr. Neeraj Kumar Singh, Director- of Health Services, BSSS presented on Health Benefit Packages (HBP 2.1), detailing cashless coverage for AB-PMJAY beneficiaries, including hospitalization, day care, pre- and post-hospitalization expenses, and neonatal care. He explained the two types of packages—medical, based on illness or condition, and surgical, based on



procedure—each with a fixed nomenclature, specialty, code, and package rate. The session covered package components such as admission cost, bed charges, consultation fees, surgery costs, consumables, basic laboratory tests, diet, and follow-up. Dr. Kumar also elaborated on cross-specialty, stratified, add-on, and stand-alone procedures, as well as static and dynamic pricing models, providing examples like ASD (Atrial Septal Defect) device closure and PTCA (Percutaneous Transluminal Coronary Angioplasty). Special attention was given to Bihar-specific reservation policies for seven procedures in public hospitals. After that, Dr. Kumar, highlighted the importance of Standard Treatment Guidelines (STG) under AB-PMJAY. He



delivered a detailed presentation on Standard Treatment Guidelines (STGs), introduced under AB-PMJAY to guide Empanelled Hospitals (EHCPs), Medical Coordinators (MEDCO), Claims Panel Doctors (CPD), and audit teams. He explained that STGs provide package-specific details such as procedure codes, prices, implants, average length of stay, clinical pointers, and mandatory

documentation protocols, thereby ensuring transparency, standardization of treatment, fraud control, and uniformity in documentation across healthcare providers. He informed participants that 675 STGs covering 1,650 procedures have been released till date, with 28 sets rolled out, and that FAQs and IT user manuals are available on the PM-JAY portal. In the second part of his session, Dr. Neeraj discussed Claims Adjudication in Special Cases, focusing on payments in scenarios such as LAMA/DAMA, death during hospitalization, and referrals to other hospitals. He explained that special payment guidelines require EHCPs to report deviations within 24–72 hours and payments are released only after a successful audit by SHA/insurer within 15 days. Different case scenarios were illustrated—such as partial payments before or during surgery, full payments after surgery, and proportional distribution of claims in referral cases. These provisions, he emphasized, are designed to safeguard both patients and hospitals, prevent misuse of the scheme, and maintain financial integrity in the claims settlement process.

Among all attendees, 50 participants successfully completed the post-session exercise, offering valuable insights into their present level of awareness. To foster active engagement, gifts were awarded to the top three performers.

Case Studies

To make the training practical, real-world case studies were shared with the participants. These case studies involved instances where hospitals had encountered issues with fraud or incorrect package selection. Each case was discussed in groups, and participants were asked to identify errors and propose corrective measures. This interactive segment allowed for a hands-on understanding of how incorrect package selection could be avoided.

During the case study session, participants were strategically divided into groups, ensuring a balanced mix of roles such as hospital owners/ properties, doctors, administrators, and managers. This approach was designed to encourage diverse perspectives and foster cross-learning.

The ADRI team distributed carefully prepared case studies, each highlighting real-life scenarios of irregular claims, documentation lapses, or fraudulent practices observed under AB-PMJAY.



Each group was tasked with analyzing the assigned case, identifying the major issues involved, and discussing their observations in detail. They were encouraged to deliberate on the root causes, assess the impact on both patients and institutions, and suggest practical solutions. To ensure focused engagement, groups were given a defined time limit to prepare their summaries and recommendations.

After the group discussion, one representative from each group presented their collective findings to all participants. These presentations served as a platform for knowledge exchange, where similarities and differences in perspectives were openly discussed. The exercise not only provided practical insights into the challenges of implementing AB-PMJAY but also highlighted the importance of teamwork, critical thinking, and ethical compliance.

This interactive session significantly enhanced participants' awareness about fraud detection, compliance with guidelines, and the importance of proper documentation. More importantly, it motivated them to apply theoretical frameworks and policy directives to real-life hospital practices, thereby strengthening the overall culture of accountability and transparency.

The first case study involved a 55-year-old daily wage labourer who needed immediate hospitalization because his fingerprint verification was repeatedly failing due to worn fingers. Participants were asked to consider immediate steps hospitals should take in such situations, including using alternative authentication methods such as IRIS scanners or authorizing treatment through the medical superintendent's login, and the importance of not delaying treatment in an emergency. They also discussed the types of documents that should be uploaded to ensure smooth claim settlement later.



The second case study focused on an emergency situation where a farmer, rushed to an empanelled hospital with severe stomach pain, did not have his Ayushman card. The discussion revolved around how hospitals can verify eligibility without the physical card, the role of the Ayushman Mitra in guiding the family, and the process of ensuring timely treatment while helping the patient later access the card through official channels. This exercise emphasized the principle that emergency care should not be delayed due to documentation gaps.

The Third case study addressed an emergency admission where a critically ill patient, though an Ayushman beneficiary, could not present his physical card. Participants discussed the



hospital's responsibility to admit the patient without delay, the alternative methods of verification available (such as Aadhaar, OTP, or e-card from the BIS portal), and the role of the Ayushman Mitra in coordinating with the family. The discussions also covered the documentation required during admission, the process for uploading scheme details later for claim settlement, and safeguards to prevent misuse in cases where the card is not immediately presented.

The fourth case study focused on the issue of package selection when a PM-JAY beneficiary was admitted with abdominal pain. Initially, the patient was stabilized and underwent tests under the general medical package. After the diagnosis of cholecystectomy was confirmed,

participants discussed the correct approach to package selection, the possibility of changes to the initial package, and under what circumstances the patient could be discharged after stabilization. The discussions emphasized that only one package should be used to avoid duplication and that the treating hospital should ensure proper documentation of tests, admission details, and final diagnosis. Participants also highlighted the importance of selecting the appropriate surgical package at the time of confirmation, ensuring transparency, and following scheme guidelines to prevent claim rejection during settlement.



The fifth and last case study is based on the package selection. It highlighted selection of correct package for routine cataract surgery under PM-JAY and the documents (pre-op vision test, fundus exam, operative notes) needs to be uploaded. It also describes that how can hospitals build a package selection checklist for common surgeries like cataract.

Together, these case studies provided a highly engaging learning platform. They encouraged participants to think critically about operational challenges, reaffirmed the priority of patient care in emergencies, and underlined the need for robust documentation and compliance to uphold the integrity of AB-PMJAY.

Sensitization for Real-time Reporting on IHIP portal

The ADRI team, in collaboration with representatives from the District IDSP Cell, conducted a live demonstration on real-time reporting through the IHIP portal. During the session, the District Surveillance Unit, IDSP, DHS, highlighting the shift from the conventional IDSP launched in 2004 to the upgraded Integrated Health Information Platform (IHIP) introduced in 2018. The new system, unlike the earlier paper-based reporting, enables real-time, case-based digital surveillance with features such as geo-tagging, GIS mapping, instant alerts, and

hotspot identification, thereby strengthening epidemic detection and response. The workshop underlined the critical role of Private Reporting Units (PRUs), especially private



hospitals and laboratories, in submitting S, P, and L forms to ensure comprehensive surveillance, early outbreak detection, and faster public health response. The current status of IHIP reporting in Bhagalpur was reviewed, with active government reporting units and emerging participation from different districts. Emphasis was placed on regular follow-up by health teams, use of digital tools for timely problem-solving, and identification of nodal officers to enhance reporting quality, with the overarching

message that collaboration between public and private sectors is vital for building a robust national disease surveillance network.

Focus Group Discussions

The final session of the workshop featured Focus Group Discussions (FGDs), aimed at capturing insights and feedback from hospital representatives on their experiences with PMJAY implementation. The discussions encouraged open sharing of benefits and challenges since empanelment, including issues of patient awareness regarding eligibility and cashless benefits, difficulties in verifying beneficiaries at admission, and operational hurdles during pre-authorization and claims settlement. Participants highlighted frequent delays, occasional claim rejections, and the financial strain caused by package rate limitations, particularly for high-cost procedures. Concerns were also raised about increased administrative workload, connectivity gaps, and technical errors while using the TMS portal.



Another important theme was the adequacy of training and institutional support. Participants emphasized the need for regular refresher sessions to strengthen their understanding of anti-fraud measures, documentation requirements, and evolving processes. They also expressed that penalties and audits, while important for transparency, sometimes

disrupted hospital operations and required a more balanced, supportive approach from the State Health Agency and district teams. Suggestions for improvement included better grievance redressal mechanisms, fairer package rates, smoother claim rectification processes, and dedicated administrative support for PMJAY related tasks.

Overall, the FGDs provided valuable ground-level perspectives on both operational and systemic issues, while generating practical ideas for strengthening hospital participation in PMJAY. The discussions reinforced the importance of continuous training, robust IT support, and stronger collaboration between hospitals and SHA to improve transparency, efficiency, and the quality of care delivered under the scheme.

Closing Speech



The closing session was marked by thoughtful reflections and words of appreciation. Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS, acknowledged the active participation of hospital representatives and expressed gratitude to ADRI for facilitating the programme. He commended the commitment shown by the participants throughout the day and emphasized that the real value of the workshop lies in applying the learnings to day-to-day hospital practices. He highlighted that

transparency in processes, strict adherence to documentation, and vigilance against fraudulent claims are essential to safeguarding both the credibility of AB-PMJAY and the trust of beneficiaries. In his remarks, he encouraged all participants to act as ambassadors of quality care and integrity within their institutions, ensuring that the scheme truly benefits those it is intended for.

The session concluded with a formal vote of thanks delivered by Dr. Suraj Shankar, Team Leader – CHP, ADRI. He extended his gratitude to the Chief Executive Officer, BSSS for his pivotal role in ensuring the success of the workshop, acknowledging that it was possible because of his support and guidance. He also expressed appreciation to Dr. Asmita Gupta, Member Secretary, ADRI, under whose supervision the workshop could be organized effectively. Further, he commended the valuable contributions of the facilitators, senior physicians, hospital owners, officials, and representatives from empanelled private hospitals. The program concluded on an encouraging note, with participants motivated to apply the knowledge and best practices discussed during the sessions in their respective institutions.



8. CHALLENGES:

- This was the first time such a workshop was conducted.
- Hospitals lacked adequate information on fraud prevention and quality documentation.
- Awareness on Standard Treatment Guidelines (STGs) and required claim documents was limited.
- Hospital representatives had different levels of knowledge on quality documentation and claim uploading procedures, highlighting the need for more practical, hands-on demonstrations.
- Proper follow-up is required to ensure 100 percent participation from hospitals.
- Participants suggested periodic refresher sessions to reinforce learning and address new challenges.
- Participants also recommended increasing the time allocated for each session to allow for deeper discussions and practice.

9. KEY OUTCOMES

- **Increased Awareness:** The workshop substantially raised awareness among participants about the critical importance of accurate Health Benefit Package (HBP) selection and its direct impact on claim approval and hospital finances.
- **Training Need Identified:** Hospitals expressed a need for regular district-level training to update them on new system features, package updates, and documentation best practices.
- **Commitment to Compliance:** A clear commitment was made by the participants to ensure strict adherence to the selection process for HBPs.
- **Improved Documentation Practices:** Participants committed to ensuring that all patient records are properly documented, with supporting medical evidence.
- **Provide clear guidance on handling special cases** such as LAMA, DAMA, and emergency treatments.
- **Provide detailed training on AI-powered fraud detection**, highlighting its role in ensuring security and integrity in the claim submission process.

10. RECOMMENDATIONS

The workshop concluded with a set of actionable recommendations aimed at improving compliance and reducing fraud:

- **Institutionalize Training:** Establish a regular schedule of training modules for all hospitals to ensure continuous learning and compliance.
- **Training Curriculum:** This workshop on Antifraud and Quality Documentation should be incorporated in Annual Training Calendar.
- Share a simple troubleshooting guide for common issues in the WhatsApp group created during the workshop to provide ongoing support.
- Develop comprehensive and user-friendly resources such as documents, and guides for participants to review after the workshop.
- Organize longer and periodic workshops to reinforce learning and keep participants informed about new updates.
- Develop specialized training sessions focusing on Grievance Redressal, Claim Adjudication, and the effective use of AI-powered fraud detection tools.

Annexure: -1

Attendance sheet of Gaya



**One Day Workshop of
The Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
under AB-PMJAY**



Date: December 12, 2025 | Venue: Mahabodhi Hotel, Resort and Convention Centre, Gaya
Attendance Sheet (Gaya)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
1	AGRAWAL SUPER SPECIALITY HOSPITAL	Dr. Vaibhav Vikas	Doctor	8075667476	vaibhav.vikas@gmail.com	
2		Md. Tayy Anwar	Hospital Manager	8797357428		
3	BODHI EMERGENCY HOSPITAL PRIVATE LIMITED	Navin Prakash	manager	942225759	bodhihospital@gmail.com	
4						
5	BUDDHA HOSPITAL & RESEARCH INSTITUTE	Chintan Kumar	Physician	8799610475	chintankumar@gmail.com	
6		Dr. Kumar Shivam	-	9929467462	shivam.kumar04109@gmail.com	
7	DR TAPESHWAR CARDIO DIABETIC AND RESEARCH CENTER	Dr. Dipankar Prasad	Physician	7004562520	dr.dipankarprasad2019@gmail.com	
8		Dr. Anirudh Singh	Doctor	8043181579	11	
9	GAYATRI SEVA SADAN	Dr. Kumar Saurabh	Orthopedician	9430077777	Kumar.Saurabh@gmail.com	
10		Dr. Prakash Kumar	Kumar	9934934822		
11	HADDY HOSPITAL AND ART CENTRE	Dr. Navneet Mishra	Ayushma	9661913710	haddyhospital@gmail.com	
12		Dr. Vikas Singh	11	9868900051	11	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	HARIHAR GLOBAL HOSPITAL AND RESEARCH CENTRE PVT. LTD.	Sanjay Kumar	Director	9271311484	sanjaykumar@gmail.com	
14		Akhilesh K.S.	Doctor	7321967128	akhilesh.dumrey@gmail.com	
15	HEALING TOUCH HOSPITAL	Vinod	Doctor	9931622855	vinodhansraj@gmail.com	
16		Sanjay		8799767777	sanjay.singh10@gmail.com	
17	JINDAL HOSPITAL AND ENDOSURGERY CENTER	Mukesh Chandra	Manager	9852839231	mukeshchandra@gmail.com	
18						
19	JPR HOSPITAL					
20						
21	KUMAR MULTISPECIALITY HOSPITAL	Satyajit Mukherjee	Manager	7258905836	mukherjee.satyajit10@gmail.com	
22		Dr. Subdeep Kumar Singh	Doctor	7645000513	subdeepkumar@gmail.com	
23	LOK NAYAK JAI PRAKASH EYE HOSPITAL	Saurav K.S.	Hospital Mgr	9122530095	Saurav.k.s@gmail.com	
24						
25	PRAKASH MULTISPECIALITY HOSPITAL	Shanique Hussain	Manager	6205010748	shaniqueh1992@gmail.com	
26		Dr. Prem Prati	CT Scans	8527918534	Prempratis@gmail.com	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
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28		Sanjida Pasroen	manager	9693289730		
29	SAI DRISTI EYE HOSPITAL	Pradeep Kumar	DIRECTOR	9507340567	optopradeep@gmail.com	
30		yuvraj thakur	MD	9065592977	yuvrajthakur763@gmail.com	
31	SHREE VISHVESHWARA NETRAALAYA PVT LTD	KVIRASHGUPTA	MANAGER	9525557060	Vikashgupta571@gmail.com	
32						
33	SHUBH SARVDRISHTI EYE HOSPITAL (A UNIT OF SARVDRISHTI EYE HOSPITAL PVT LTD)	Anuj Kumar Suth	Manager	9122290055	ssarvdrisht@gmail.com	
34						
35	SHUBHKAMNA HEART HOSPITAL AND MATERNITY CENTRE	Dr. Anam Singh	Doctor	9039101391	anam31@gmail.com	
36		Nitesh Kr.	manager	8409777990	niteshkr0905@gmail.com	
37	SRI RAM HOSPITAL	Chetan Kumar	DIRECTOR	9431401536	SRI Ram Hospital@gmail.com	
38						
39	SURENDRA NURSING HOME	Surendra Kumar	MD	773941430	surendra kumar	
40		Shankar Sr.	Manager	7070415534	doshankar1993@gmail.com	

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
41	VAISHNAVI HOSPITAL	Rahul Kumar	Director	9905099511	anandkumar123@gmail.com	
42		Dr. Amit Kumar	doctor	6287050715	ammyanand@gmail.com	
43	VIDYA METARNITY SURJICAL EYE AND ENT HOSPITAL	Dr. Anand Kumar	Manager	9268357114	anandkumar894@gmail.com	
44						
45	DR S SAMDARSHI HOSPITAL	Rudra Kumar	Manager	9523939193	rudrakumar9523@gmail.com	
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49						
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**One Day Workshop of
The Private Empanelled Hospitals on Anti-Fraud and Quality Documentation
under AB-PMJAY**



Date: December 12, 2025 | Venue: Mahabodhi Hotel, Resort and Convention Centre, Gaya
Attendance Sheet (Aurangabad, Jehanabad and Kaimur)

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
Aurangabad						
1	DEV HOSPITAL	Dr. Waqeeel Ahmad	MO	9788061139	mdool02@gmail.com	Waqeeel
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4		Manoj Kumar	POSG Manager	9731752955	manoj@dord.in	Manoj
5	DRISTI EYE CARE HOSPITAL (A UNIT DR. A. P. J. ABDUL KALAM CHARITABLE TRUST)	Dr. Pradeep Kumar	DOCTOR	7670490175	prkhem148@gmail.com	Pradeep
6		Azhar Khan	"	700424344	"	"
7	HEALTH WORLD	Dr. Asit Ranjan	DOCTOR	9955974904	pawan.asit@gmail.com	Asit
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9	MAGADH MULTISPECIALITY HOSPITAL	Sandeep Kumar	Manager	772421075	sikumar7724@gmail.com	Sandeep
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Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
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Jehanabad						
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Kaimur						
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6		Rakesh Kr Singh	DOCTOR	7677052303	"	Rakesh

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
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Attendance Sheet (Nalanda)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
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2		Abhimanyu Singh	RS-ablee	9279363011	shabnambarshi2007@gmail.com	Abhimanyu
3	ALSHIFA SURGICAL AND MATERNITY HOSPITAL	DR. MD. SARFARAZ SAKHAWAT ALAM	DIRECTOR	9051288622 9958787223	Sarfaraz.direediff@gmail.com	Alam
4		Dr. Binod Kumar	M.D.E.H	9631452132	Sarwaralam2196@gmail.com	Dr Binod Kumar
5	ANKH ASPATL (HOSP10P25208008)	Sanjeev Kumar	ophthalmic	9661823358	Ankh asptal Islampur@gmail.com	Sanjeev
6						
7	ASHA HOSPITAL	Dr. Asha Singh	M.O	9801476038	Sanjayk999@gmail.com	Ash
8		Dr. Sanjay Kumar	M.D (PND)	7979728830	Sanjay k.955@gmail.com	Sanjay
9	ASHIRWAD HOSPITAL A UNIT OF CURE AND CARE FOUNDATION	SANU SONITA	Manager	9709615577	Sanjayk999@gmail.com	Sanu
10		Dr. Nishant Kumar	Surgeon	9931069769	ashirwadhospital@gmail.com	Nishant
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12		Dr. Kumar	Manager	790903523	ashirwadhospital@gmail.com	Dr. Kumar

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
13	DIVYA JYOTI HOSPITAL	Neha Kumar	PMIAJ	7633950812	Neha6293keria@gmail.com	Neha Kumar
14		Dr. Amritha Jeyaraj Dr. Beediyandhi	PMIAJ	9560834452 9334528399	nijayarajestheria10@gmail.com	
15	DRISHTI NETRALAYA	Jayaramakumar	Dr.		kumarjayarama09531@gmail.com	Jayarama
16		Sureel Kumar		8521110032		
17	DRISHTI EYE CARE	Jayarama Kumar		9334528399		Jayarama
18		Priyadarshini Ashok Smit Prasad	Dr.	8210424641	opt.priyadarshinichok@gmail.com	
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20		Shashikumar	OTM	7256024858	shashikumar	shashikumar
21	JAHNAVI EYE CARE AND RESEARCH CENTRE	Dr. Ajay Kumar	Dr.	9924844224	dr.ajay1997@gmail.com	Ajay
22		Subhaya Kumar	Manager	9801243372	ks.subhaya@gmail.com	Subhaya
23	JEEVAN JYOTI SUPER SPECIALITY HOSPITAL	Amrit Kumar	Manager	8252120969	amritdiwaker98@gmail.com	Amrit
24						
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26		Nirav Kumar	Manager	7061770826	niravkumar99@gmail.com	Nirav Kumar

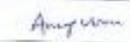
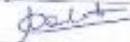
Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
27	KUMAR NETRALAYA	Dr. Naresh Kumar	RMO	8589998993	Naresh92@prazz.com	Naresh
28		Vijay Kumar	DEO	8987156312	vijaykumar.vce2@vishva@gmail.com	Vijay Kumar
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31	MATRITAV CHHAYA HOSPITAL	Dr. A. A. Sadyan	Dr.	8226897508	matritavchhaya@gmail.com	A. A. Sadyan
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36		Bitay Kumar		9835802754		Bitay
37	NETRA JYOTI SEVA MANDIRAM VEERAYATAN RAJGIR					
38						
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Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
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44						
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 Attendance Sheet (Nawada and Robtas)



Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
Nawada						
1	ADITYA EYE HOSPITAL	Suresh Kumar	owner	878533245	suresh25@gmail.com	
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9	METRO HOSPITAL					
10						

Sl. No.	Hospital Name	Name	Designation	Mobile No.	Email ID	Signature
Rohtas						
1	ADRI DEVI MEMORIAL HOSPITAL	Robt ko	Admin	865034384	rohtas123@gmail.com	Robt ko
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3	AWADH MEDICARE	Girish Singh	Admin	7072036344	doctordrjivishingh@gmail.com	Girish Singh
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5	GEMS MULTISPECIALTY HOSPITAL	A. Ravi Kumar	Admin	8969100129	ranjith@genesabhar.org	A. Ravi Kumar
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10						
11	NARAYAN MEDICAL COLLEGE AND HOSPITAL	Dr. Mahendra Prasad	Admin	8521363387	drmahendra.prasad@gmail.com	Dr. Mahendra Prasad
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16		Narain		995595207		
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24						
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under AB-PMJAY

Date: December 12, 2025 | Venue: Mahabodhi Hotel, Resort and Convention Centre, Gaya
Attendance Sheet



Sl. No.	Name	Designation	Organisation	Mobile No.	Email ID	Signature
1	Nalin Kumar	D.P.C. Anwal	BSSS	9264471491		
2	Dileep Kumar	P.O	ADRI	6201162761		
3	Indrajit Goswami	P.O.	ADRI	7739708272		
4	Jai Anand	D.P.C	ABPMJAY (DIU)	9264471436		
5	Dr. Suresh Shankar	Team Lead ADRI	ADRI	961978992	PMJAY-CAP@adri.in	
6	Anil Kumar	D.E.O	DIU, GAYA	7903390063		
7	Ajay Kumar	D.E.O	ABPMJAY (DIU)	9601267035		
8	Subash Kumar Sharma			9470275476		
9	NITISH KUMAR	D.E.O	ABPMJAY (DIU)	9263904880		
10	Sanjay Kumar	Project officer	ADRI	8434725368		
11	Neha Kumari	DPC	AB-PMJAY	9264471442		

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24	Rudra Kumar	Photography	ADRI	7050378757		
25	Santosh Kumar	"	ADRI	"		

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33	Santosh Kumar	Consultant ADRI	ADRI	7545601654		
34	Ranjem Kumar	Consultant ADRI	ADRI	8709450782	RK1629924@gmail.com	
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36	Charan Kumar	Consultant ADRI	ADRI	9166049866		

Annexure: -2



**One Day Workshop of the Private empanelled hospitals on
Anti-Fraud and Quality Documentation under AB-PMJAY**



**Participants: Gaya, Aurangabad, Arwal, Jehanabad, Kaimur(bhabua),
Nalanda, Nawada and Rohtas**

Date :12 December, 2025

Venue: Maha Bodhi Hotel Resort Convention Centre, Gaya

Program Schedule

Time	Session	Facilitator
10:00 – 10:30	Registration	CHP – ADRI team
10:30 - 10:35	Welcome Note & Objective of the workshop	Dr. Alok Ranjan, Director – Operation, BSSS
10:35 – 10:50	Key Note and Overview of Antifraud	Shri Shailesh Chandra Diwakar, Administrative Officer, BSSS
10:50 – 11:25	Sensitization on Fraud Prevention	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
11:25 – 11:50	Fraud Mitigation - Quality Documentation	Dr. Alok Ranjan, Director – Operation, BSSS
11:50 – 12:15	Compliance to Standard Treatment Guidelines	Dr. Gurinder Randhawa, Consultant, CHP -ADRI
TEA BREAK		
12:15 – 12:45	Standard Treatment Guidelines and Health Benefit Package – Adherence to Mandatory Protocols & Documents	Dr. Neeraj Kumar Singh, Director – Healthcare, BSSS
12:45 – 01:45	Case Studies	Dr. Alok Ranjan, Director – Operation, BSSS Dr. Gurinder Randhawa, Consultant, CHP -ADRI
01:45 – 01:55	Way Forward	PMJAY & ADRI team
01:55 – 02:05	Sensitization for Real-time Reporting on IHIP portal	District IDSP cell & ADRI team
02:05 – 02:45	Lunch Break	
02:45 – 03:30	Focus Group Discussions (FGDs) on PMJAY implementation challenges engaging few consenting medical experts and Hospital Administration	

Annexure: -3
Pre assessment Form

Anti-Fraud and Quality Documentation under AB-PMJAY (PRE- ASSESSMENT)

** Indicates required question*

1. Email *

2. Full Name *

3. Age *

4. Gender *

Mark only one oval.

Male

Female

Others

5. Contact Number *

6. Hospital Name: *

7. District: *

8. Designation *

Mark only one oval.

- Doctor
- Anyone from Administration

PMJAY Quiz

9. **Case 1:** Rajesh Verma, a 52-year-old man, is an eligible beneficiary under * 1 point
AB-PMJAY. He is admitted to a hospital with acute gallbladder pain requiring surgical intervention. The hospital, recognizing the urgency, proceeds with the gallbladder surgery without submitting a pre-authorization request, citing the emergency condition. However, the subsequent claim was rejected by the insurance provider due to non-compliance with the scheme's pre-authorization protocol.

Q1: Considering the scheme guidelines and the protocol for emergency situations, which of the following actions should the hospital have taken to ensure compliance and avoid claim rejection?

Mark only one oval.

- Proceed with treatment without pre-authorization, assuming the emergency condition overrides the need for prior approval, and submit a request afterward with relevant supporting documents.
- Always obtain pre-authorization for elective procedures, but in true emergencies where treatment cannot be delayed, document the clinical necessity and inform the scheme authority within 24 hours post-treatment with supporting evidence.
- Delay treatment until pre-authorization is obtained, even if the patient's condition worsens, to ensure full compliance with the scheme's guidelines, and seek retrospective approval only if the situation becomes critical.
- Treat the patient immediately and avoid any pre-authorization to prevent administrative delays, regardless of the procedure's urgency, trusting that the claim will be processed on humanitarian grounds.

10. **Case 2.** Patient: Anita Sharma, 45 years old.

* 1 point

Anita underwent a hysterectomy. Pre-operative diagnostic evaluation, including ultrasound, revealed no pathological finding or medical indication warranting the surgery.

Q2: Based on established principles of medical ethics, patient rights, and evidence-based practice, which statement most accurately reflects the professional assessment of this case?

Mark only one oval.

- The surgery could be ethically justified as preventive if supported by robust clinical evidence and fully informed, documented consent addressing risks, benefits, and alternatives.
- Performing the surgery constitutes a breach of ethical and professional duty because it lacked an evidence-based medical indication, thereby violating the principle of non-maleficence.
- The absence of documented medical necessity is acceptable provided the patient verbally consented, as patient autonomy overrides evidence-based indications in elective procedures.

11. **Case 3.** Patient: Savitri Yadav, 38 years old.

* 1 point

Savitri was admitted for surgery. The consent form on file was incomplete — it lacked the procedure name, the date, and the signature of an independent witness.

Q3: Under established legal requirements and scheme-specific protocols, which of the following represents the minimum standard of a valid informed consent for surgical procedures?

Mark only one oval.

- Written consent that clearly specifies the exact procedure to be performed, is dated, and is signed by the patient or their authorised attendant, along with an independent witness signature.
- Verbal consent obtained in the presence of a nurse or other hospital staff member.
- A generic, pre-signed consent form completed at the time of admission without procedure-specific details.

12. **Case 4 (1)** : Meera Rani, 50 years old.

* 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q4: Under the Indian Penal Code, which section is most directly applicable to the act of removing an organ without valid consent?

Mark only one oval.

- IPC 326 – Voluntarily causing grievous hurt by dangerous weapons or means.
- IPC 304A – Causing death by negligence.
- IPC 319 – Definition of hurt.
- IPC 338 – Causing grievous hurt by act endangering life or personal safety of others.

13. **Case 4 (2)** : Meera Rani, 50 years old.

* 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q5: From a clinical governance and protocol compliance perspective, why does the failure to perform and document the required diagnostics constitute a violation?

Mark only one oval.

- Because tests are optional if the patient appears clinically unwell.
- Because mandatory diagnostics under the STG must be performed and documented before surgical intervention.
- Because all patients must be tested for unrelated conditions as part of hospital protocol.

14. **Case 5.** Patient: Laxmi Munda, 28 years old.

* 1 point

Laxmi was admitted with mild dengue fever, confirmed through diagnostic testing. Her clinical notes and lab reports showed no evidence of plasma leakage, severe bleeding, organ impairment, or other WHO-defined severe dengue criteria. However, the hospital submitted a claim under "Severe Dengue with Complications", a higher-reimbursement AB-PMJAY package, without supporting documentation meeting the Standard Treatment Guidelines (STG) criteria.

Q6: Within the framework of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) and its STG and claims protocols, how should this practice be classified?

Mark only one oval.

- Appropriate coding, as the physician may upgrade diagnosis for cautionary treatment.
- Upcoding, a deliberate misclassification in violation of STG and scheme guidelines, constituting a fraudulent claim.
- Package optimisation, an accepted practice for ensuring adequate cost coverage.

15. **Case 6.** Patient: Manoj Lal, 62 years old, from a semi-urban low-income community. * 1 point

Manoj underwent cataract surgery under a publicly funded health scheme. As per the Standard Treatment Guidelines (STG), a comprehensive pre-operative eye examination and a formal anaesthesia fitness assessment are mandatory prior to surgery, both for clinical safety and for claims compliance.

The hospital's documentation for Manoj's case contains no record of either assessment. The surgery was technically uneventful, and the patient was discharged without immediate complications.

Q7: Considering scheme audit protocols, medico-legal frameworks, and patient safety obligations, what is the most accurate classification of the risk arising from this lapse?

Mark only one oval.

- The absence of documented pre-operative assessments is inconsequential if the surgical outcome was good and the patient had no adverse events.
- The absence of such documentation constitutes a compliance failure under the scheme's STG requirements, creating both financial risk (possible claim rejection during audit) and legal exposure (failure to meet duty-of-care standards), even if no harm occurred.
- Omitting formal pre-operative assessments may streamline processes in high-volume settings, and is therefore acceptable provided the surgeon's clinical judgment supports proceeding.

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Manoj underwent cataract surgery under a publicly funded health scheme. As per the Standard Treatment Guidelines (STG), a comprehensive pre-operative eye examination and a formal anaesthesia fitness assessment are mandatory prior to surgery for both patient safety and scheme claim compliance.

In Manoj's medical record, neither assessment was documented. The surgery itself was uneventful, and the patient was discharged without immediate complications.

Q8: Considering scheme audit protocols, medico-legal frameworks, and patient safety obligations, what is the most accurate classification of the risk arising from this lapse?

Mark only one oval.

- The absence of documented pre-operative assessments is inconsequential if the surgical outcome was good and no adverse events occurred.
- The absence of such documentation constitutes a compliance failure under the scheme's STG requirements, creating both financial risk (possible claim rejection during audit) and legal exposure (failure to meet duty-of-care standards), even if no harm occurred.
- Omitting formal pre-operative assessments may streamline processes in high-volume settings and is therefore acceptable provided the surgeon's clinical judgment supports proceeding.

17. **Q9:** Under the AB-PMJAY hospital empanelment agreement, which contractual obligation is most likely breached in this case? * 1 point

Mark only one oval.

- The clause requiring the hospital to maintain complete medical records in the format prescribed by the scheme, including all mandatory diagnostics and assessments.
- The clause allowing the hospital to use clinical discretion in bypassing certain STG steps for operational efficiency.
- The clause that exempts hospitals from record-keeping obligations if no post-surgical complications are reported within 7 days.

18. **Case 8:** Patient: Asha Devi, 46 years old, from an OBC agrarian community. * 1 point

Asha underwent laparoscopic surgery for gallstones under a publicly funded health scheme. Her past medical history included diabetes mellitus and hypertension, confirmed from prior prescriptions and lab reports, but these comorbidities were not documented anywhere in her surgical case sheet.

Q10: Within the framework of clinical risk management, scheme audit protocols, and medico-legal standards, why is the proper documentation of comorbidities critical?

Mark only one oval.

- Because comorbidity documentation is essential for assessing surgical risk, determining preoperative management, and ensuring evidence-based care.
- Because it improves the appearance of completeness in the patient file for audit purposes, even if not clinically relevant.
- Because it is needed only for insurance claim processing, not for actual patient management.

19. **Q11:** Under the AB-PMJAY Hospital Empanelment Agreement, which contractual obligation is most likely breached here? * 1 point

Mark only one oval.

- The clause requiring that all patient medical records reflect accurate and complete documentation of medical history, diagnosis, treatment, and mandatory STG elements.
- The clause that allows omission of past medical history if the surgeon's judgment considers it non-impactful for the current procedure.
- The clause stating that comorbidities need to be recorded only if directly linked to claim package eligibility.

20. **Case 9:** Birsa Murmu, 60 years old, from a Scheduled Tribe community. * 1 point

After a scheme audit request, hospital staff changed the original admission and discharge dates in Birsa's records to align with claim submission dates — without authorised correction procedures and without preserving the original entries.

Q12: Under AB-PMJAY guidelines, hospital empanelment clauses, and medico-legal principles, what does this practice constitute?

Mark only one oval.

- Authorised record correction, permissible if done for claim accuracy.
- Falsification of medical records, a fraudulent act that may attract penalties, de-empanelment, and prosecution.
- Routine record updating, acceptable before final audit closure.

21. **Q13:** Which Indian Penal Code (IPC) provision is most directly applicable * 1 point to such falsification of medical records?

Mark only one oval.

- IPC 192 – Fabricating false evidence.
- IPC 201 – Causing disappearance of evidence of offence.
- IPC 463 – Forgery

IDSP Quiz

22. **Q1:** What does IDSP stand for? * 0 points

Mark only one oval.

- Integrated Disease Surveillance Program
- Indian Disease Safety Plan
- International Disease Study Program
- None of the above

23. **Q2:** What is the main purpose of IDSP? *

0 points

Mark only one oval.

- Early detection and control of disease outbreaks
- Building new hospitals
- Free medicine distribution
- Health insurance for all

24. **Q3:** What is IHIP used for? *

0 points

Mark only one oval.

- Tracking disease data in real-time
- Managing hospital finances
- Scheduling staff leave
- Patient billing

25. **Q4.** Who reports data to IDSP? *

0 points

Mark only one oval.

- Lab Technician
- Physician
- ANM's
- All of the above
- Only A and B

26. Q5: IDSP currently focuses on monitoring: *

0 points

Mark only one oval.

- Communicable diseases
- Non-Communicable diseases
- Eye and dental problems
- Road accident

27. Q6: Are you currently engaged in reporting to IHIP portal? *

Mark only one oval.

- Yes
- No

28. Q7: Have you received any training on IDSP/IHIP portal? *

Mark only one oval.

- Yes
- No

Annexure: -4
Post assessment Form

Anti-Fraud and Quality Documentation under AB-PMJAY (POST- ASSESSMENT)

** Indicates required question*

1. Email *

2. Full Name *

3. Age *

4. Gender *

Mark only one oval.

Male

Female

Others

5. Contact Number *

6. Hospital Name: *

7. District: *

8. Designation

Mark only one oval.

Doctor

Anyone from Administration

PMJAY Quiz

9. **Case 1:** Roushan Kumar, a 52-year-old man, is an eligible beneficiary under AB-PMJAY. He is admitted to a hospital with acute gallbladder pain requiring surgical intervention. The hospital, recognizing the urgency, proceeds with the gallbladder surgery without submitting a pre-authorization request, citing the emergency condition. However, the subsequent claim was rejected by the insurance provider due to non-compliance with the scheme's pre-authorization protocol. * 1 point

Q1: Considering the scheme guidelines and the protocol for emergency situations, which of the following actions should the hospital have taken to ensure compliance and avoid claim rejection?

Mark only one oval.

- Proceed with treatment without pre-authorization, assuming the emergency condition overrides the need for prior approval, and submit a request afterward with relevant supporting documents.
- Always obtain pre-authorization for elective procedures, but in true emergencies where treatment cannot be delayed, document the clinical necessity and inform the scheme authority within 24 hours post-treatment with supporting evidence.
- Delay treatment until pre-authorization is obtained, even if the patient's condition worsens, to ensure full compliance with the scheme's guidelines, and seek retrospective approval only if the situation becomes critical.
- Treat the patient immediately and avoid any pre-authorization to prevent administrative delays, regardless of the procedure's urgency, trusting that the claim will be processed on humanitarian grounds.

10. **Case 2.** Patient: Smriti Sinha, 45 years old. * 1 point

Anita underwent a hysterectomy. Pre-operative diagnostic evaluation, including ultrasound, revealed no pathological finding or medical indication warranting the surgery.

Q2: Based on established principles of medical ethics, patient rights, and evidence-based practice, which statement most accurately reflects the professional assessment of this case?

Mark only one oval.

- The surgery could be ethically justified as preventive if supported by robust clinical evidence and fully informed, documented consent addressing risks, benefits, and alternatives.
- Performing the surgery constitutes a breach of ethical and professional duty because it lacked an evidence-based medical indication, thereby violating the principle of non-maleficence.
- The absence of documented medical necessity is acceptable provided the patient verbally consented, as patient autonomy overrides evidence-based indications in elective procedures.

11. **Case 3.** Patient: Seema Kumari, 38 years old. * 1 point

Savitri was admitted for surgery. The consent form on file was incomplete — it lacked the procedure name, the date, and the signature of an independent witness.

Q3: Under established legal requirements and scheme-specific protocols, which of the following represents the minimum standard of a valid informed consent for surgical procedures?

Mark only one oval.

- Written consent that clearly specifies the exact procedure to be performed, is dated, and is signed by the patient or their authorised attendant, along with an independent witness signature.
- Verbal consent obtained in the presence of a nurse or other hospital staff member.
- A generic, pre-signed consent form completed at the time of admission without procedure-specific details.

12. **Case 4 (1)** : Reetika, 50 years old.

* 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q4: Under the Indian Penal Code, which section is most directly applicable to the act of removing an organ without valid consent?

Mark only one oval.

- IPC 326 – Voluntarily causing grievous hurt by dangerous weapons or means.
- IPC 304A – Causing death by negligence.
- IPC 319 – Definition of hurt.
- IPC 338 – Causing grievous hurt by act endangering life or personal safety of others.

13. **Case 4 (2)** : Reetika, 50 years old.

* 1 point

During a surgical procedure for a benign abdominal condition, one of Meera's organs was removed. No valid written consent for organ removal was obtained. Post-operatively, she discovered this and filed a legal complaint. Review of her medical record also showed that mandatory pre-operative diagnostic tests, as per the Standard Treatment Guidelines (STG), had not been performed or documented.

Q5: From a clinical governance and protocol compliance perspective, why does the failure to perform and document the required diagnostics constitute a violation?

Mark only one oval.

- Because tests are optional if the patient appears clinically unwell.
- Because mandatory diagnostics under the STG must be performed and documented before surgical intervention.
- Because all patients must be tested for unrelated conditions as part of hospital protocol.

14. **Case 5.** Patient: Bimla Kumari, 28 years old. * 1 point

Laxmi was admitted with mild dengue fever, confirmed through diagnostic testing. Her clinical notes and lab reports showed no evidence of plasma leakage, severe bleeding, organ impairment, or other WHO-defined severe dengue criteria. However, the hospital submitted a claim under "Severe Dengue with Complications", a higher-reimbursement AB-PMJAY package, without supporting documentation meeting the Standard Treatment Guidelines (STG) criteria.

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Annexure: -5

Some Glimpses of the workshop program



Dainik Jagran, Gaya Ji 13 December, 2025

आयुष्मान भारत योजना को पारदर्शी बनाने पर फोकस

जागरण संवाददाता, गयाजी: बिहार स्वास्थ्य सुरक्षा समिति (बीएसएसएस) एवं आद्री के संयुक्त तत्वावधान में शुक्रवार को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना के तहत निजी सूचीबद्ध अस्पतालों के लिए एंटी-फ्रॉड एवं क्वालिटी डाक्यूमेंटेशन विषय पर एकदिवसीय कार्यशाला का आयोजन किया गया। गयाजी में आयोजित इस कार्यक्रम में गयाजी, अरवल, औरंगाबाद, जहानाबाद, कैमूर (भभुआ), नालंदा, नवादा एवं रोहतास जिलों के निजी अस्पताल प्रतिनिधियों, वरिष्ठ चिकित्सकों और स्वास्थ्य विशेषज्ञों ने भाग लिया। कार्यशाला का उद्देश्य योजना में घोखाधड़ी निरोधक उपायों को



कार्यशाला में शामिल लोग • जागरण

मजबूत बनाना, गुणवत्ता दस्तावेजीकरण को मानकीकृत करना तथा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस और हेल्थ बेनिफिट पैकेज के अनुपालन को सुनिश्चित करना था। उद्घाटन सत्र में डा. आलोक रंजन, निदेशक-आपरेशन, बीएसएसएस ने स्वागत भाषण देते हुए कार्यशाला की रूपरेखा प्रस्तुत की। कार्यक्रम में

मुख्य अतिथि के रूप में सिविल सर्जन डा. राजा राम प्रसाद उपस्थित रहे। कार्यशाला की अध्यक्षता कर रहे शैलेश चंद्र दिवाकर, प्रशासनिक पदाधिकारी, बीएसएसएस ने एंटी-फ्रॉड नीति पर विस्तृत मुख्य वक्तव्य दिया और अस्पताल प्रतिनिधियों को आवश्यक सावधानियों से अवगत कराया।

आयुष्मान भारत योजना के तहत 'एंटी-फ्रॉड एवं क्वालिटी डॉक्यूमेंटेशन' पर कार्यशाला जिले में निजी अस्पतालों को मिला 'एंटी-फ्रॉड का मास्टर फॉर्मूला'

हेल्थरिपोर्ट | गयाजी

आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना के प्रभावी क्रियान्वयन एवं पारदर्शिता सुनिश्चित करने के उद्देश्य से बिहार स्वास्थ्य सुरक्षा समिति और आद्री के संयुक्त तत्वावधान में शुक्रवार को गयाजी में निजी सूचीबद्ध अस्पतालों के लिए एकदिवसीय कार्यशाला आयोजित की गई।

कार्यशाला का मुख्य फोकस एंटी-फ्रॉड तंत्र को मजबूत करना, गुणवत्ता दस्तावेजीकरण में सुधार, तथा स्टैंडर्ड ट्रीटमेंट गाइडलाइंस और हेल्थ बेनीफिट पैकेज के अनुपालन को सुनिश्चित करना था। कार्यशाला में गयाजी, अरवल, औरंगाबाद, जहानाबाद, कैमूर (भभुआ), नालंदा, नवादा और रोहतास जिलों के निजी अस्पतालों के प्रतिनिधि, वरिष्ठ चिकित्सक तथा स्वास्थ्य क्षेत्र से जुड़े विशेषज्ञ शामिल हुए। कार्यक्रम की शुरुआत बिहार स्वास्थ्य सुरक्षा समिति के निदेशक ऑपरेशन डॉ. आलोक रंजन के स्वागत भाषण और उद्देश्य प्रस्तुति के साथ हुई। मुख्य अतिथि के रूप में सिविल सर्जन डॉ. राजा राम प्रसाद उपस्थित थे।



कार्यशाला का उद्घाटन करते सिविल सर्जन व अन्य।

आईएचआईपी पोर्टल पर प्रशिक्षण

प्रतिभागियों को वास्तविक समय में स्वास्थ्य रिपोर्टिंग के लिए आईएचआईपी पोर्टल के उपयोग पर जिला आईडीएसपी सेल और आद्री टीम द्वारा प्रशिक्षण दिया गया। अंतिम सत्र में प्रतिभागियों ने फोकस ग्रुप डिस्कशन में हिस्सा लेते हुए योजना के क्रियान्वयन से जुड़ी चुनौतियों और उनके समाधान पर सुझाव रखे। एंटी-फ्रॉड एवं हेल्थ बेनीफिट पैकेज पर प्रोटोकॉल अनुपालन की जानकारी बिहार स्वास्थ्य सुरक्षा समिति के निदेशक हेल्थकेयर डॉ. नीरज कुमार सिंह ने स्टैंडर्ड ट्रीटमेंट गाइडलाइंस तथा हेल्थ बेनीफिट पैकेज पर अस्पतालों की जिम्मेदारियों और प्रोटोकॉल अनुपालन के महत्व पर विस्तार से चर्चा की।

एंटी-फ्रॉड उपायों पर विस्तृत चर्चा

कार्यशाला की अध्यक्षता कर रहे समिति के प्रशासनिक पदाधिकारी शैलेश चंद्र दिवाकर ने एंटी-फ्रॉड पर मुख्य वक्तव्य दिया और अस्पताल प्रतिनिधियों को धोखाधड़ी रोकथाम के लिए आवश्यक दिशा-निर्देशों से अवगत कराया। इसके बाद आद्री के कंसल्टेंट डॉ. गुरिंदर रंधावा तथा डॉ. आलोक रंजन ने धोखाधड़ी निवारण, गुणवत्ता दस्तावेजीकरण, और केस स्टडी पर विस्तृत प्रेजेंटेशन दिया।

आयोजन में कई विभागों का सहयोग

कार्यक्रम का संचालन आद्री के इंद्रजीत गोस्वामी द्वारा किया गया। कार्यशाला के अंत में आद्री के टीम लीड सेंटर फॉर हेल्थ पॉलिसी डॉ. सुरज शंकर ने सभी प्रतिभागियों को धन्यवाद ज्ञापित करते हुए कहा कि प्राप्त सुझाव योजना के प्रभावी क्रियान्वयन और धोखाधड़ी निरोधक उपायों को और अधिक सुदृढ़ करेंगे। इस अवसर पर गयाजी, अरवल, औरंगाबाद, जहानाबाद, कैमूर (भभुआ), नालंदा, नवादा एवं रोहतास जिलों के डीपीसी आयुष्मान भारत और आद्री टीम के दिलीप कुमार, संजीव कुमार सहित अन्य प्रतिनिधि उपस्थित थे।

